PTO/SB/17 (10-08)
Approved for use through 06/30/2010, CMB 0851-0032
ILS Patent and Trademark Office: ILS DEPARTMENT OF COMMERCE

Complete if Known Fees pursuant to the Consolidated Approximation Act, 2006 (JR. 4416) FEE TRANSMITTAL For FY 2009	Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control								
FEE TRANSMITTAL For FY 2009 Applicant claims small entity stubus. See 37 CFR 1.27 Applicant claims small entity stubus. See 37 CFR 1.27 At Unit 2162 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Reposal Account Number: Oc. 2448 Deposit Account Reposal Account Number: Oc. 2448 Deposit Account Region Account Number: Oc. 2448 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Region of Cardin Region of underrayments of Charge fee(s) indicated below Charge any additional fee(s) or underrayments of Charge fee(s) indicated below Charge any additional fee(s) or underrayments of Charge fee(s) indicated below Charge any additional fee(s) or underrayments of Charge fee(s) indicated below, except for the filling fee EECALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SMAIL Entity Application Type Fee (s)	Effective on 12/	Complete if Known							
FOR FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (b) 940.00 Attorney Docket No. 5486-0194PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Carl Money Order Docket No. 5486-0194PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Carl Money Order Docket No. 5486-0194PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Carl Docket No. 5486-0194PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Carl Docket No. 5486-0194PUS1 Por the above-identified deposit account, the Director is hereby authorized to: (check all that apply) To the above-identified deposit account, the Director is hereby authorized to: (check all that apply) There are any additional fele(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee(s) Fee(s) Fee(s) Fee(s) Fee(s) Fee(s) Fee(s) Fee(s) Fee(s) Indicated below, except for the filing fee Application Type Fee(s) Fee		Application Number							
Exemple Name A. N. Gofman Art that 2162	FEE TRANS								
Applicant claims small entity status. See 37 CFR 1.27 Art Lmt 27 CTAL AMOUNT OF PAYMENT (b) 940.00 Attomey Docket No. 5486-0194PUS1 Check	For EV 2000								
TOTAL AMOUNT OF PAYMENT (check all that apply) Check	101112009			Examiner Name					
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27			74t Ont					
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number O2-2448 Deposit Account Nember Deposit Account Nember D2-2448 Deposit Account Nember D2-2448 Deposit Account Nember D2-2448 Deposit Account Nember D2-2448 Deposit Nember D2-2448 Deposit Nember D2-2448 Deposit Nember D2-2448	TOTAL AMOUNT OF PAYMENT (\$) 940.00			Attorney Docket	5486-0194PUS	IPUS1			
Deposit Account Name	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that appty) Charge fee(s) indicated below. except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below. except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee indicated below. Charge fee(s)	Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of Credit any overpayments	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
Charge any additional fee(s) or underpayments of	For the above-identified de	eposit account, the D	irector is	hereby authorize	d to: (che	ck all that apply)			
Test Calculation Total	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Table Tabl	x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
Filt Fee (1) Fee (2) Fee (3) Fee (4) Fee (5) Fee (6) Fee (6	FEE CALCULATION								
Semilarity Sem									
Appollation Type Fee (5) Fee (5) Fee (5) Fee (5) Fee (5) Fee (5) Fee (6) Fee (6)			SE		EXAMIN				
Design 220 110 100 50 140 70	Application Type Fee	(\$) Fee (\$)	Fee (\$		Fee (\$)		Fees P	aid (\$)	
Plant	Utility 33	0 165	540	270	220	110			
Reissue	Design 22	0 110	100	50	140	70			
Provisional 220 110 0 0 0 0 0 0 0 0	Plant 22	0 110	330	165	170	85			
September Sep	Reissue 33	0 165	540	270	650	325			
Fee Beneficial Fee	Provisional 22	0 110	0	0	0	0			
Each claim over 20 (including Reissues) Each independent claims ver 3 (including Reissues) Each independent claims ver 3 (including Reissues) Each independent claims Fee (3) Fee Paid (5) Fee Paid (5) Fee Paid (5) Fee Fei (5) Fee Paid (6) Fee (6) Fee Paid (7) Fee (8) Fee Paid (8) Fee (9) Fee Paid (8) Fee (9) Fee Paid (9)	2. EXCESS CLAIM FEES								
Each independent claim over 3 (including Reissues) 20 110 100	ree Description								
Multiple dependent claims Total Claims Extra Claims Fee (5) Fee Paid (5) Multiple Dependent Claims Fee (5) Fee Paid (5) Total Sheets Far Sheets Number of each additional 50 or fraction thereof See St U.S. c. 41(a)(1)(d) and 37 CRR 1.16(a). Total Sheets Fee (5) Fee Paid (5) Non-English Specification, \$130 fee (no small entity discount) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1251 Extension for response within first month \$100									
Total Claims Extra Claims Fee (5) Fee Paid (8) Multiple Dependent Claims Fee (3) Fee Paid (9)									
Fee S Fee Paid S Fee Paid S	· ·								
HP = highest number of total claims pais for, if greater han 20. Indep. Claims									
Index. Claims Extra Claims Fee (5) Fee Paid (5) Fee Paid (5)		for if creater than 20	_		Fe	10 (5)	ee Paid (\$	1	
- or IP = X			E	e Paid (\$)	_			_	
### - Proposet number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets of fraction thereofs. So \$25 U.S. ct 1(e)(f)(g) and 37 CFR 1.16(e). Total Sheets Fact Sheets Fact Sheets Foo = (ound up to a whole number) x Fee Paid (\$1)		x =		.,,					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 3 CFR 1.3(a), the application size fee due is \$270 (19315 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets									
Isining under 37 CFR 1.52(e)), the application size fee due is \$270 (\$3135 for small entity) for each additional 50 sheets or fraction thereof. So \$2 U.S.C. 4(e)(f)(g)(a) and 37 CFR 1.16(e). Total Sheets									
Total Sheets	listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1251 Extension for response within first month SUBMITTED BY Signature White Feet Preparation 29,680 Telephone (703) 205-8000	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
Other (e.g., late filing surcharge): 1801 Request for confinued examination (RCE) (see 37 810.00 1251 Extension for response within first month 130.00 SUBMITTED BY Signature 29,680 Telephone (703) 205-8000									
1251 Extension for response within first month	Non-English Specification, \$130 fee (no small entity discount)								
Signature Lie Mu 58 13 Registration No. 29,680 Telephone (703) 205-8000	Other (e.g., late filing surcharg	e): 1801 Request 1251 Extensio	for cont n for res	tinued examinat sponse within fir	ion (RCE st month) (see 37			
() () () () () () () () () ()	SUBMITTED BY	<i>a</i>							
	Signature de	Mu #	587	Registration No. (Attorney/Agent)	29,680	Telephone	(703) 205	5-8000	
	Name (Print/Type) Michael K. Mutt	ter				Date N	lovember	10, 2008	